

LANCASTER COUNTY CLAIM FOR TRAVEL EXPENDITURES

LAST NAME, FIRST NAME, MI				ORGANIZATION		PHONE NUMBER			
	DATE	TIME			DATE	TIME			
DEPARTED			RETURNED						
TRAVELED TO & PURPOSE:									
MEALS CLAIMED									
DATE	BREAKFAST	LUNCH	SUPPER	\$AMT	DATE	BREAKFAST	LUNCH	SUPPER	\$AMT
-----	B	L	S		-----	B	L	S	
-----	B	L	S		-----	B	L	S	
-----	B	L	S		-----	B	L	S	
-----	B	L	S		-----	B	L	S	
-----	B	L	S		-----	B	L	S	
-----	B	L	S		-----	B	L	S	
-----	B	L	S		-----	B	L	S	
-----	B	L	S		-----	B	L	S	

(Circle the meals to be paid, meals will be paid based on Per Diem Rate, Receipts Not Required)

Daily per diem for most localities \$30.00 (\$7 breakfast, \$7 lunch, \$16 supper),

high-cost localities \$38.00 (\$9 breakfast, \$9 lunch, \$20 supper)

Total \$ _____

TRAVEL BY PRIVATE AUTO (OWNER/OPERATOR): **YES** **NO**

If YES, NUMBER OF MILES CLAIMED: _____ @ _____ = \$ _____

DID YOU RECEIVE A TRAVEL ADVANCE: **YES** **NO**

If YES, PAYMENT VOUCHER NUMBER: _____ AMOUNT: \$ _____

DATE: _____

WERE ANY MEALS INCLUDED IN REGISTRATION FEE? **YES** **NO**

If YES, LIST

MEALS: _____

DATE	REIMBURSABLE EXPENDITURES (EXCLUDING MEALS) DESCRIPTION	AMT CLAIMED	ALLOWED

Receipts are required for: lodging (detailed), auto rental, airline tickets, out-of-pocket expenses for county owned vehicle.

I hereby claim any amount due me. The statements and attachments are true and complete.	SIGNATURE OF CLAIMANT	DATE
I Certify that I have Reviewed and Approve this claim.	SIGNATURE OF DEPARTMENT HEAD OR DESIGNEE	DATE

Reference: Lancaster County Resolution Number 02-13, Approved: 12 February 2002

Revised 9 April 2002